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CONFIRMATION NO. 7099

SERIAL NUMBER 09/697,992	FILING DATE 10/27/2000	CLASS 345	GROUP ART UNIT 2671	ATTORNEY DOCKET NO. 6451.064
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APPLICANTS

Oleg S. Pianykh, Baton Rouge, LA;

David Troendle, New Orleans, LA;

John M. Tyler, Baton Rouge, LA; Wilfrido Castaneda-Zuniga, New Orleans, LA;

** CONTINUING DATA *Yes* *1cm*

This appln claims benefit of 60/161,770 10/27/1999

** FOREIGN APPLICATIONS *N/A* *1cm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/23/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 15	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Signature <i>JW</i> Initials <i>JW</i>					

ADDRESS

33222
 JONES, WALKER, WAECHTER, POITEVENT, CARRERE
 & DENEGRE, L.L.P.
 5TH FLOOR, FOUR UNITED PLAZA
 8555 UNITED PLAZA BOULEVARD
 BATON ROUGE , LA
 70809

TITLE

Radiologist workstation

FILING FEE RECEIVED 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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